NUMBER FILED NUMBER EXTRA  FOTAL CHARGEABLE CLAIMS	<u> </u>								Application or Docket Number						
CLAIMS AS FILED - PART I (Column 1)  (Column 2)  (Column 3)  (Column 1)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Column 2)  (Column 3)  (Column 1)  (Column 2)  (Column 3)  RATE   ADDI- RA	PATENT APPLICATION FEE DETERMINATION RECOF								2001 D976A						
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TOTAL OR TOTAL 7/0  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  REMAINING AMENDMENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total Minus	MUL	TIPLE DEPEND	DENT CLAIM PI	RESENT					+135=		OR	+270=			
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(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT AMENDMENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE	L	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDEN	IT CLAIM		+19	95≈		OP.	+270=			
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CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Total  Minus  Minus  Total  Independent  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  ADDITIONAL FEE  X\$ 9=  X\$ 9=  OR  X\$18=  ADDITIONAL FEE  ADDITIONAL FEE  OR  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE				•			AL . 3	ADDIT	FEE		TOU	ADDIT. FEE			
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